

**Wisconsin Sales and Use  
Tax Return**  
State, County and Stadium Sales and Use Tax

Tax Account Number

FEIN / SSN



Period Begin Date (MM DD YYYY)

Period End Date (MM DD YYYY)

Due Date (MM DD YYYY)

Attention

Business Name

Legal Name

Mailing Address - Street or PO Box

City

State

Zip Code

**Use BLACK INK Only**☐ Check if business discontinued  
(enter discontinuation date below)

(MM DD YYYY)

☐ Check if address or name change  
(note changes at left)☐ Check if this is an amended return☐ Check if correspondence is included**Step A Sales Tax – State**

- 1 Total sales ..... 1
- Subtractions from total sales:**
- 2 Sales for which you received exemption certificates ..... 2
- 3 Sales of exempt property and services (sales that occurred outside  
Wisconsin, real property, groceries and highway fuel, etc.) ..... 3
- 4 Sales returns, allowances, and bad debts ..... 4
- 5 Other (sales tax included in line 1, etc.) ..... 5
- 6 Total subtractions (add lines 2 through 5) ..... 6
- 7 Sales subject to state sales tax (subtract line 6 from line 1) ..... 7
- 8 State sales tax (line 7 x .05) ..... 8

**Step B Sales Tax – County and Stadium**

C O U N T Y	To report county sales tax for more than 4 counties, leave lines 9-12 blank, and complete and enclose Schedule CT. To obtain a Sch. CT, call (608) 266-1961 or go to <a href="http://www.revenue.wi.gov">www.revenue.wi.gov</a>	County Code (see instructions)	County Name (first 5 letters)	Sales Subject to County Sales Tax
		9a	9b	9c
		10a	10b	10c
		11a	11b	11c
		12a	12b	12c

13 Total sales subject to county sales tax (add  
lines 9c through 12c **OR** enter total from Sch CT, Col 1) ... 13

14 County sales tax (line 13 x .005) ..... 14

**Sales Subject to Stadium Sales Tax**

- 15 Baseball stadium district taxable  
sales (Milwaukee, Ozaukee, Racine,  
Washington & Waukesha counties) 15a x .001 = 15b
- 16 Football stadium district  
taxable sales **through 9-30-15**  
(Brown County) 16a x .005 = 16b

**Step C Sales Tax Before Discount**

17 Total sales tax (add TAX amounts from lines 8, 14, 15b and 16b) ..... 17

**Step D Discount and Net Sales Tax**

- 18 Total sales tax (fill in amount from line 17) ..... 18
- 19 Discount – Applies only if return is filed and tax is paid by due date  $\left\{ \begin{array}{l} \text{If line 18 is \$0 to \$10, enter the amount from line 18.} \\ \text{If line 18 is \$10 to \$2,000, enter \$10. If line 18 is greater} \\ \text{than \$2,000, multiply line 18 by .005 and enter the result.} \end{array} \right\}$  ..... 19
- 20 Net sales tax (subtract line 19 from line 18) ..... 20

**Step E Use Tax – State**

- 21 Purchases subject to state use tax 21a ..... .x .05 = 21b .....

**Step F Use Tax – County and Stadium**

		County Code (see instructions)	County Name (first 5 letters)	Purchases Subject to County Use Tax
<b>C O U N T Y</b>	To report county use tax for more than 4 counties, leave lines 22-25 blank, and complete and enclose Schedule CT.	22a	22b	22c
	To obtain a Sch. CT, call (608) 266-1961 or go to www.revenue.wi.gov	23a	23b	23c
		24a	24b	24c
		25a	25b	25c

26 Total purchases subject to county use tax (add lines 22c through 25c **OR** enter total from Sch CT, Col 2) ... 26 .....

27 County use tax (line 26 x .005) ..... 27 .....

**Purchases Subject to Stadium Use Tax**

<b>S T A D I U M</b>	28 Baseball stadium district taxable purchases (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties) ..... 28a	x .001 = 28b
	29 Football stadium district taxable purchases <b>through 9-30-15</b> (Brown County) ..... 29a	x .005 = 29b

**Step G Total Amount Due**

- 30 Total sales and use taxes (add TAX amounts from lines 20, 21b, 27, 28b and 29b) ... 30
- 31 Interest ..... 31
- 32 Late filing fee (\$20.00) and negligence penalty ..... 32
- 33 Total amount due (add lines 30 through 32) ..... 33

**Step H Signature and Mailing Information**

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Contact Person (please print clearly)	Phone Number	Signature	Date
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Mail to:

Wisconsin Department of Revenue  
PO Box 8921  
Madison WI 53708-8921

For tax questions, call  
(608) 266-2776

